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SERIAL NUMBER 10/828,630	FILING OR 371(c) DATE 04/09/2004 RULE	CLASS 424 435	GROUP ART UNIT 1645	ATTORNEY DOCKET NO. AFD 503
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/480,280 06/20/2003

**** FOREIGN APPLICATIONS *******

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 5	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>and</i> Initials <i>am</i>				

ADDRESS

26902

TITLE

Curlicue vaccine strain of Bacillus anthracis

FILING FEE RECEIVED 1370	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
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